Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
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From December 30, 2003 to March 17, 2004, 12 confirmed human cases of avian influenza A (H5N1) were reported in Thailand and 23 in Vietnam, resulting in a total of 23 deaths. Beginning in late June 2004, new lethal outbreaks of H5N1 among poultry were reported by several countries in Asia: Cambodia, China, Indonesia, Malaysia (first-time reports), Thailand, and Vietnam. There has not been a resurgence of avian influenza in South Korea and Japan. The new outbreaks of H5N1 in poultry in Asia were followed by renewed sporadic reporting of human cases of H5N1 infection in Vietnam and Thailand beginning in August. Ten human avian influenza A (H5N1) cases, 9 fatal, have been reported from Vietnam since mid-December. Of particular note is one isolated instance of probable limited human-to-human transmission occurring in Thailand in September and another possible instance of limited human-to-human transmission currently under investigation in Vietnam. According to the WHO, there have been 54 human cases of avian influenza A (H5N1) in Vietnam and Thailand resulting in 41 deaths since 28 January, 2004.

CDC has issued updated precautions for travelers to Vietnam because of the increased geographic area in that country affected by the avian influenza A (H5N1) outbreak. The precautions include advice on measures to take before departure, during travel, and upon return. Health care professionals who see patients before and/or after travel should be aware of the revised recommentations, available at:

Travel Health Precaution Avian Influenza, Vietnam Notice to Travelers
(Released January 26, 2005)
http://www.cdc.gov/travel/other/avian_flu_vietnam_2005_travelers.htm

On January 24, CDC also issued an **update on the avian influenza situation in Asia** (available at: http://www.cdc.gov/flu/avian/outbreaks/asia.htm).

Health care professionals should be familiar with current CDC recommendations for enhanced surveillance, diagnostic evaluation, & infection control precautions for avian influenza A (H5N1)

CDC recommends maintaining the enhanced surveillance efforts by state and local health departments, hospitals, and clinicians to identify patients at increased risk for avian influenza A (H5N1) that were issued by CDC on February 3, 2004 (see www.cdc.gov/flu/avian/professional/han020302.htm). Guidelines for enhanced surveillance are:

Testing for avian influenza A (H5N1) is indicated for hospitalized patients with:

1. Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, **AND**

2. History of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans (for a regularly updated listing of H5N1-affected countries, see the OIE Web site and the WHO Web site).

Testing for avian influenza A (H5N1) should be considered on a case-by-case basis in consultation with state and local health departments for hospitalized or ambulatory patients with:

1. Documented temperature of >38°C (>100.4°F), **AND**

2. One or more of the following: cough, sore throat, shortness of breath, **AND**

3. History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset.

Infection control precautions for H5N1 remain unchanged from those published on 3 February 2004, in the CDC guidance document, "Interim Recommendations for Infection Control in Health-Care Facilities Caring for Patients with Known or Suspected Avian Influenza' available at http://www.cdc.gov/flu/avian/professional/infect-control.htm

Included in the recommendations is the following: **health-care workers involved in the care of patients with documented or suspected avian influenza should be vaccinated with the most recent seasonal human influenza vaccine**. In addition to providing protection against the predominant circulating influenza strain, this measure is intended to reduce the likelihood of a health-care worker's being co-infected with human and avian strains, where genetic rearrangement could take place, leading to the emergence of potential pandemic strain.